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SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT 2021 MAR -9 AM 10:21
SOUTHERN DISTRICT OF NEW YORK

Walter Ware

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

COMPLAINT
(Prisoner)

Cynthia Brann N.Y.C. D.O.C

Commissioner; Patsy Tang Vice President

N.Y. Health + Hospitals for Correction;

Margaret Egan Board of Corr. Exec. Dir.

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☐ Violation of my federal constitutional rights

☒ Other: 8th Amendment Unconstitutional living Conditions;
and 14th Amendment of Due Process

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Walter

First Name

Ware

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

4411803480

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Vernon C. Baine Center

Current Place of Detention

1 Halleck Street

Institutional Address

Bronx

County, City

New York

State

10474

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Gynthia	Last Name	Brann	Shield #	
Current Job Title (or other identifying information)					
N.Y. City Dept. of Correc. Commissioner					
Current Work Address					
County, City		State		Zip Code	

Defendant 2:

First Name	Patsy	Last Name	Tang	Shield #	
Current Job Title (or other identifying information)					
Vice President Corrections Health + Hospitals					
Current Work Address					
County, City		State		Zip Code	

Defendant 3:

First Name	Margaret	Last Name	Egan	Shield #	
Current Job Title (or other identifying information)					
Board of Correction Exec. Director					
Current Work Address					
County, City		State		Zip Code	

Defendant 4:

First Name		Last Name		Shield #	
Current Job Title (or other identifying information)					
Current Work Address					
County, City		State		Zip Code	

V. STATEMENT OF CLAIM

Place(s) of occurrence: Vernon C. Baine Center Housing unit #2-BA
and 1-AA

Date(s) of occurrence: September 22nd or 24th - March 3rd,
2021

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

The Defendants Cynthia Brann N.Y. City D.O.C. Commissioner; Patsy Tang vice President of Correctional Health & Hospitals; Margaret Egan Board of Correction Exec. Director Starting on September 22nd or 24th 2020 at Vernon C. Baine Center Housing unit #2-BA I made a #311 COMPLAINT (see EXHIBIT A herein) about the unconstitutional living Conditions that were are unsafe, dangerous, hazardous to my well being. Due to Defendants sending people to Vernon C. Baine Center where the Facility population is approx 87% - 90% capacity. 2-BA Houses (50) people as rest of facility does per Housing unit. 2-BA had on spare dates (48) people. Violating and going against the CDC Safety Guidelines of 6ft social distancing and going against obviously the Governor Cuomo Executive Order; and the Mayor Executive order. All of these Guidelines and orders are to "SLOW THE SPREAD OF COVID-19 VIRUS", everything else is irrelevant and besides the point. This ~~is~~ dangerous my Life, my very existence, Not Mention the beds are 3-4 inches behind one another; and 3-4 ft across from each other with 48/50 people with

NO dividers in any direction. More so all 48-50 people share SINKS, Toilets, and Showers. Dramatically increasing the chances to caught the COVID-19 virus or more or other ones. AS VERNON C. Baine Center is a Dorm setting not cells. I/Plaintiff am now in 1-AA where still have (40)+ people out of (50) people 3-4 inches behind one another, and 3-4 inches behind one another etc. -] When my Housing unit and every single Housing unit in the Facility has been quarantined from people having COVID-19 virus

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

The Mental & Emotional Fear and Hopelessness has caused me to loose sleep and appetite at times, Not knowing whether or not I'll caught the Deadly COVID-19 virus in these living Conditions!

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

1). That I/Plaintiff be GRANTED Injunctive Relief for a Commissionerate Release, Due to my Health Issues; the overcrowding as Explained herein this § 1983 COMPLAINT

2). That I/Plaintiff be payed \$250,000.00 dollars for Compensative Damages by Cynthia Brown; and patsy Yang violating my/Plaintiff 14th Amendment Constitutional Rights as explained herein this § 1983 COMPLAINT

VI. RELIEF (continued):

3). That I Plaintiff be payed \$250,000.⁰⁰ dollars for punitive Damages by Cynthia Brann; Patsy Tany; Margaret Egan for Intentionally violating my 14th Amendment Due Process Rights as explained in this §1983 COMPLAINT herein

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

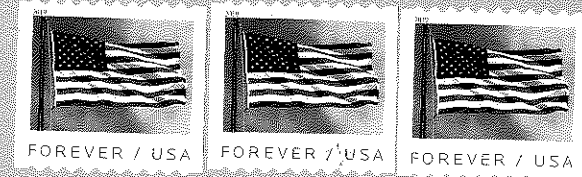
<u>3-4-21</u>		<u>Walter Ware</u>
Dated		Plaintiff's Signature
<u>Walter</u>		<u>Ware</u>
First Name	Middle Initial	Last Name
<u>1 Halleck Street</u>		
Prison Address		
<u>Bronx</u>	<u>New York</u>	<u>10474</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 3-4-21

(7)



WALTER L. LEE 44118034180
V.C.B.C., 1 HOLLECK ST.
BRONX, N.Y. 10474



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CLERK'S OFFICE
S.D.N.Y.

U.S. MAR.
SDNY

CLERK
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
THE DANIEL PATRICK MOYNIHAN
U.S. COURTHOUSE - 500 PEARL ST.,
NEW YORK, N.Y. 10007-1312

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Pro Se^{JKR}

